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MARGIN RESERVED FOR BINDING  
N. B.—WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

BUREAU OF VITAL STATISTICS			ARIZONA STATE BOARD OF HEALTH		STANDARD CERTIFICATE OF DEATH		
1. PLACE OF DEATH			County <u>Graham</u> State <u>Arizona</u>		State File No. <u>193</u>		
District or Township <u>Pafford</u>			City <u>Pima</u>		Local Registrar's No. <u>193</u>		
2. FULL NAME <u>Bruce Eskine Dodge</u>			No. <u>    </u>		Ward <u>    </u>		
(a) Residence, No. <u>Pima</u>			(Usual place of abode)		St. <u>    </u> Ward <u>    </u>		
Length of residence in city or town where death occurred			yrs. <u>2</u> mos. <u>3</u> ds.		How long in U. S. if of foreign birth? — yrs. — mos. — ds.		
PERSONAL AND STATISTICAL PARTICULARS						MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>Male</u>		4. COLOR or RACE <u>White</u>		5. SINGLE, MARRIED, WIDOWED or DIVORCED. <u>Single</u>		16. DATE OF DEATH <u>Aug 28</u> 19 <u>30</u>	
6a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>    </u>		6. DATE OF BIRTH (month, day and year) <u>June - 25 - 1924</u>		7. AGE Years <u>    </u> Months <u>2</u> Days <u>3</u>		17. I HEREBY CERTIFY, That I attended deceased from <u>Aug 25</u> , 19 <u>30</u> to <u>Aug 28</u> , 19 <u>30</u> that I last saw him alive on <u>Aug 25</u> , 19 <u>30</u> and that death occurred, on the date stated above, at <u>10:20 P. M.</u> The CAUSE OF DEATH was as follows: <u>Cholera Infantum</u>	
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>    </u> (b) General nature of industry, business or establishment in which employed (or employer) <u>    </u> (c) Name of employer <u>    </u>		9. BIRTHPLACE (city or town) <u>Pima</u> (State or country) <u>    </u>		10. NAME OF FATHER <u>Eli Milton Dodge</u>		18. Where was disease contracted If not at place of death? <u>    </u>	
11. BIRTHPLACE OF FATHER <u>Pima Ariz</u> (State or country) <u>    </u> (city or town) <u>    </u>		12. MAIDEN NAME OF MOTHER <u>Fanny B. Carlson</u>		13. BIRTHPLACE OF MOTHER <u>Pima Ariz</u> (State or country) <u>    </u> (city or town) <u>    </u>		19. PLACE OF BURIAL, CREMATION OR REMOVAL <u>Pima</u>	
14. Informant <u>Eli Milton Dodge</u> (Address) <u>Pima, Ariz</u>		15. Filed <u>7-8-30</u> <u>J. H. Shallen</u> Registrar. <u>P. O. Hops</u>		20. UNDERTAKER <u>Joe Rosenberg</u>		DATE OF BURIAL <u>Aug 29-30</u> ADDRESS <u>Pima</u>	